

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OPPORTUNITY MATTERS FUND ACTION

ADDRESS (number and street)

PO BOX 9891

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00825158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

[]

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

[]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

RUTLAND, JANNA, , ,

Type or Print Name of Treasurer

Signature of Treasurer

RUTLAND, JANNA, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

OPPORTUNITY MATTERS FUND ACTION

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="2023"/>		<input type="text" value="2944328.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2944328.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11162494.30"/>	<input type="text" value="11162494.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14106823.11"/>	<input type="text" value="14106823.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13034908.75"/>	<input type="text" value="13034908.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1071914.36"/>	<input type="text" value="1071914.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

OPPORTUNITY MATTERS FUND ACTION

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 / 01 / 2023

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2023

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1085000.00	1085000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1085000.00	1085000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000000.00	10000000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11085000.00	11085000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	77494.30	77494.30
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11162494.30	11162494.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11162494.30	11162494.30

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1664908.75	1664908.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1664908.75	1664908.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10800000.00	10800000.00
24. Independent Expenditures (use Schedule E)	470000.00	470000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	100000.00	100000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13034908.75	13034908.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13034908.75	13034908.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11085000.00	11085000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11085000.00	11085000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1664908.75	1664908.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	77494.30	77494.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1587414.45	1587414.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 31
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DRUCKENMILLER, STANLEY, , ,

Mailing Address 40 WEST 57 STREET

City
NEW YORKState
NYZip Code
10019-4001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DUQUESNE FAMILY OFFICE LLCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2023

Transaction ID : SA11A.86871

Amount of Each Receipt this Period

150000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASHIAN, EDWARD, M., ,Mailing Address 265 E RIVER PARK CIR
STE 150City
FRESNOState
CAZip Code
93720-1576FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11A.106753

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NIEHAUS, ROBERT, H., ,

Mailing Address 770 PARK AVENUE

City
NEW YORKState
NYZip Code
10021-4153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GCP CAPITAL PARTNERSOccupation (for Individual)
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2023

Transaction ID : SA11A.95358

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 31
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

A. PELTZ, NELSON, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 548 N COUNTY RD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">City PALM BEACH</td><td style="width: 33%;">State FL</td><td style="width: 33%;">Zip Code 33480-3507</td></tr></table> FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Name of Employer (for Individual) TRIAN FUND MANAGEMENT</td><td style="width: 33%;">Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER</td></tr></table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div></td></tr></table>			City PALM BEACH	State FL	Zip Code 33480-3507	Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">M M / D D / Y Y Y Y Y Y 06 / 23 / 2023</td></tr></table> Transaction ID : SA11A.112928 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div> <input type="checkbox"/> Memo Item CONTRIBUTION		M M / D D / Y Y Y Y Y Y 06 / 23 / 2023
City PALM BEACH	State FL	Zip Code 33480-3507									
Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER										
Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>											
M M / D D / Y Y Y Y Y Y 06 / 23 / 2023											
B. PELTZ, NELSON, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 548 N COUNTY RD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">City PALM BEACH</td><td style="width: 33%;">State FL</td><td style="width: 33%;">Zip Code 33480-3507</td></tr></table> FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Name of Employer (for Individual) TRIAN FUND MANAGEMENT</td><td style="width: 33%;">Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER</td></tr></table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div></td></tr></table>			City PALM BEACH	State FL	Zip Code 33480-3507	Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">M M / D D / Y Y Y Y Y Y 03 / 31 / 2023</td></tr></table> Transaction ID : SA11A.84511 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div> <input type="checkbox"/> Memo Item CONTRIBUTION		M M / D D / Y Y Y Y Y Y 03 / 31 / 2023
City PALM BEACH	State FL	Zip Code 33480-3507									
Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER										
Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>											
M M / D D / Y Y Y Y Y Y 03 / 31 / 2023											
C. PELTZ, NELSON, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 548 N COUNTY RD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">City PALM BEACH</td><td style="width: 33%;">State FL</td><td style="width: 33%;">Zip Code 33480-3507</td></tr></table> FEC ID number of contributing federal political committee. C <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Name of Employer (for Individual) TRIAN FUND MANAGEMENT</td><td style="width: 33%;">Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER</td></tr></table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div></td></tr></table>			City PALM BEACH	State FL	Zip Code 33480-3507	Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">M M / D D / Y Y Y Y Y Y 04 / 24 / 2023</td></tr></table> Transaction ID : SA11A.95236 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div> <input type="checkbox"/> Memo Item CONTRIBUTION		M M / D D / Y Y Y Y Y Y 04 / 24 / 2023
City PALM BEACH	State FL	Zip Code 33480-3507									
Name of Employer (for Individual) TRIAN FUND MANAGEMENT	Occupation (for Individual) CHAIRMAN/FOUNDING MEMBER										
Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>											
M M / D D / Y Y Y Y Y Y 04 / 24 / 2023											
SUBTOTAL of Receipts This Page (optional).....▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>								
TOTAL This Period (last page this line number only).....▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>								

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 31
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PELTZ, NELSON, , ,

Mailing Address 548 N COUNTY RD

City
PALM BEACHState
FLZip Code
33480-3507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRIAN FUND MANAGEMENTOccupation (for Individual)
CHAIRMAN/FOUNDING MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2023

Transaction ID : SA11A.99809

Amount of Each Receipt this Period

20000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PENNER, CARRIE, , ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MADRONE CAPITAL PARTNERSOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2023

Transaction ID : SA11A.99816

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PENNER, GREG, , ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MADRONE CAPITAL PARTNERSOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2023

Transaction ID : SA11A.99815

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YASS, JEFF, , ,

Mailing Address 401 E CITY AVE STE 220

City
BALA CYNWYD

State
PA

Zip Code
19004-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIG

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.114041

Amount of Each Receipt this Period

200000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YASS, JEFF, , ,

Mailing Address 401 E CITY AVE STE 220

City
BALA CYNWYD

State
PA

Zip Code
19004-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIG

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2023

Transaction ID : SA11A.81732

Amount of Each Receipt this Period

200000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YASS, JEFF, , ,

Mailing Address 401 E CITY AVE STE 220

City
BALA CYNWYD

State
PA

Zip Code
19004-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIG

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2023

Transaction ID : SA11A.99810

Amount of Each Receipt this Period

200000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 31
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURRUS PARTNERS, LP

Mailing Address PO BOX 161330

City
AUSTINState
TXZip Code
78716-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2023

Transaction ID : SA11A.82902

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURRUS, GENE, , ,

Mailing Address P.O. BOX 161330

City
AUSTINState
TXZip Code
78716-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BURRUS PARTNERS, LPOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2023

Transaction ID : SA11A.82903

Amount of Each Receipt this Period

5000.00

☒ Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2023

Transaction ID : SA11C.96603

Amount of Each Receipt this Period

25000.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 31
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SLUSKY, ALEX, , ,

Mailing Address 1835 WEST 27TH STREET

City
MIAMI BEACHState
FLZip Code
33140-4215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VECTOR CAPITALOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2023

Transaction ID : SA11A.96604

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

1085000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 31

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OPPORTUNITY MATTERS FUND, INC.

Mailing Address C/O BULLDOG COMPLIANCE

138 CONANT STREET 2ND FLR

City

BEVERLY

State

MA

Zip Code

01915-1665

FEC ID number of contributing
federal political committee.

C

C00750182

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2023

Transaction ID : SA11C.106752

Amount of Each Receipt this Period

2000000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OPPORTUNITY MATTERS FUND, INC.

Mailing Address C/O BULLDOG COMPLIANCE

138 CONANT STREET 2ND FLR

City

BEVERLY

State

MA

Zip Code

01915-1665

FEC ID number of contributing
federal political committee.

C

C00750182

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2023

Transaction ID : SA11C.84140

Amount of Each Receipt this Period

8000000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

10000000.00

TOTAL This Period (last page this line number only)..... ►

10000000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 31
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ADVANCED PLANNING AND LOGISTICS

Mailing Address 9480 MAIN ST
NUMBER 1184

City
FAIRFAX

State
VA

Zip Code
22301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115941.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA15.11013

Amount of Each Receipt this Period

77494.30

☐ Memo Item

REFUND OF OVERCHARGES ON 03/02/2023

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77494.30

77494.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ACE CONSULTING GROUP LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	2	3		

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA SERVICE FEES / DIGITAL FUNDRAISING CONSULTING / SMS
MESSAGES / EMAIL COMMUNICATION
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.I1094**

Amount of Each Disbursement this Period

2995.60

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ACE CONSULTING GROUP LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	3		

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
DEPOSIT - MEDIA PRODUCTION / SMS MESSAGES / DIGITAL
FUNDRAISING CONSULTING
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.I1094**

Amount of Each Disbursement this Period

22829.82

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ACE CONSULTING GROUP LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	2	3		

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
PHOTOGRAPHY SERVICES
Candidate NameCategory/
Type

FEC Identification Number

C**Transaction ID : SB21B.I1094**

Amount of Each Disbursement this Period

3286.80

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

29112.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ACE CONSULTING GROUP LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		05		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
DEPOSIT - MEDIA PRODUCTION

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1094I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACE CONSULTING GROUP LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		09		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA STRATEGY CONSULTING / ADVERTISING ANALYTICS SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1094I

Amount of Each Disbursement this Period

245000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACE CONSULTING GROUP LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		23		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA STRATEGY CONSULTING / MEDIA PRODUCTION / MEDIA
SERVICE FEE / PHOTOGRAPHY SERVICES / TRAVEL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1094I

Amount of Each Disbursement this Period

55153.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

301153.47

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ACE CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1094

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACE CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA SERVICE FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1095

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACE CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1095

Amount of Each Disbursement this Period

65500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

67500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ACE CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA STRATEGY / WEB SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095**

Amount of Each Disbursement this Period

75085.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACE CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2023

Mailing Address 78 FOLLY RD BLVD
STE B9-1182City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
MEDIA STRATEGY - DIGITAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095**

Amount of Each Disbursement this Period

125000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING / TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095**

Amount of Each Disbursement this Period

105000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305085.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095!**

Amount of Each Disbursement this Period

15480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING / TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095c**

Amount of Each Disbursement this Period

10475.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1095**

Amount of Each Disbursement this Period

3565.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29521.23

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1095

Amount of Each Disbursement this Period

32537.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1095

Amount of Each Disbursement this Period

3809.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING / TRAVEL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1096

Amount of Each Disbursement this Period

6488.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

42834.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ADVANCED PLANNING AND LOGISTICSMailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I1096

Amount of Each Disbursement this Period

 1250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANCED PLANNING AND LOGISTICSMailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING / EQUIPMENT RENTAL / FACILITY
RENTAL / TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I1096

Amount of Each Disbursement this Period

 26885.95EQUIPMENT RENTAL / PRINTING
/ SECURITY SERVICES / TRAVEL☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADVANCED PLANNING AND LOGISTICSMailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I1096

Amount of Each Disbursement this Period

 3806.09☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

 31942.04

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. ADVANCED PLANNING AND LOGISTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2023

Mailing Address 9480 MAIN ST
NUMBER 1184City
FAIRFAXState
VAZip Code
22301Purpose of Disbursement
TRAVEL MANAGEMENT CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1096!**

Amount of Each Disbursement this Period

52.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CREATIVE STRATEGIC SOLUTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		11		2023

Mailing Address 7708 RICHMOND HWY
SUITE 1018City
ARLINGTONState
VAZip Code
22313Purpose of Disbursement
POLITICAL STRATEGY CONSULTING / MARKETING CONSULTING /
DIGITAL CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1099!**

Amount of Each Disbursement this Period

550000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CREATIVE STRATEGIC SOLUTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2023

Mailing Address 7708 RICHMOND HWY
SUITE 1018City
ARLINGTONState
VAZip Code
22313Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1099**

Amount of Each Disbursement this Period

145000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

695052.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. CREATIVE STRATEGIC SOLUTIONS, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	3		

Mailing Address 7708 RICHMOND HWY
SUITE 1018City
ARLINGTONState
VAZip Code
22313Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1099!**

Amount of Each Disbursement this Period

14000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	2	3		

Mailing Address 611 PENNSYLVANIA AVE SE
#267City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING / DELIVERY SERVICE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1099!**

Amount of Each Disbursement this Period

2009.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	2	3		

Mailing Address 611 PENNSYLVANIA AVE SE
#267City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1099**

Amount of Each Disbursement this Period

998.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

17008.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUPMailing Address 611 PENNSYLVANIA AVE SE
#267City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

FEC Identification Number

C

Transaction ID : SB21B.I1099f

Amount of Each Disbursement this Period

 1087.47☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUPMailing Address 611 PENNSYLVANIA AVE SE
#267City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING / POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2023

FEC Identification Number

C

Transaction ID : SB21B.I1099f

Amount of Each Disbursement this Period

 2007.49☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CUT AVIATION, LLC

Mailing Address 448 BOZARD RD

City
ORANGEBURGState
SCZip Code
29115Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2023

FEC Identification Number

C

Transaction ID : SB21B.I1100

Amount of Each Disbursement this Period

 690.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3784.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. JONES DAY

Mailing Address 51 LOUISIANA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	4			1	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I1100'

Amount of Each Disbursement this Period

2258.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JONES DAY

Mailing Address 51 LOUISIANA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	4			2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I11002

Amount of Each Disbursement this Period

5550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JONES DAY

Mailing Address 51 LOUISIANA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	6			1	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I1100

Amount of Each Disbursement this Period

50280.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

58088.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. PLAN BEE, LLC

Mailing Address 107 2ND ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB21B.I1100**

Amount of Each Disbursement this Period

9345.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PLAN BEE, LLC

Mailing Address 107 2ND ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB21B.I11005**

Amount of Each Disbursement this Period

5308.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SOCKO STRATEGIES, LLCMailing Address 1101 30TH ST NW
STE 125City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB21B.I1100**

Amount of Each Disbursement this Period

40519.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55172.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. SOCKO STRATEGIES, LLCMailing Address 1101 30TH ST NW
STE 125City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I11008

Amount of Each Disbursement this Period

27750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I11008

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28550.00

1664806.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. TRUST IN THE MISSION PACMailing Address 3804 WILSON BLVD
#1347City
ARLINGTONState
VAZip Code
22203Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	3		

FEC Identification Number

C C00840546**Transaction ID : SB23.I11010**

Amount of Each Disbursement this Period

10000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUST IN THE MISSION PACMailing Address 3804 WILSON BLVD
#1347City
ARLINGTONState
VAZip Code
22203Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3		

FEC Identification Number

C C00840546**Transaction ID : SB23.I11011**

Amount of Each Disbursement this Period

800000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10800000.00

10800000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OPPORTUNITY MATTERS FUND ACTION

Full Name (Last, First, Middle Initial)

A. GREAT OPPORTUNITY POLICY INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2023

Mailing Address 1520 BELLE VIEW BLVD
NUM 556City
ALEXANDRIAState
VAZip Code
22307Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB23.I11009**

Amount of Each Disbursement this Period

 100000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶ 100000.00**TOTAL** This Period (last page this line number only).....▶ 100000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OPPORTUNITY MATTERS FUND ACTION			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00825158</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee ACE CONSULTING GROUP LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 10 / 2023	
Mailing Address 78 FOLLY RD BLVD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City CHARLESTON	State SC	Zip Code 29407	Transaction ID : SE24.9563 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 10 / 2023	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee ACE CONSULTING GROUP LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 12 / 2023	
Mailing Address 78 FOLLY RD BLVD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250000.00</div>	
City CHARLESTON	State SC	Zip Code 29407	Transaction ID : SE24.9587 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 12 / 2023	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">370000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">350000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
RUTLAND, JANNA, , , Signature			[Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OPPORTUNITY MATTERS FUND ACTION		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold; margin-right: 5px;">C</div><div>C00825158</div></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>			
Full Name of Payee ACE CONSULTING GROUP LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>05</div><div>16</div><div>2023</div></div></div>	
Mailing Address 78 FOLLY RD BLVD STE B9-1182		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>100000.00</div><div></div></div>	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE24.9692

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule:
Transaction ID: